

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33861

STATE FILE NUMBER

8565

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

| | | | | | |
|--|-------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Mayer | | | c. CITY OR TOWN St. Louis, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hosp | | Length of stay in lb | d. STREET ADDRESS 5908 Cates | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Reina Marie Mayer | | | 4. DATE OF DEATH Sept. 11 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE W. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 27, 1898 | | 9. AGE (In years last birthday) 59 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk At Dept. Store | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Arkansas | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME George Mayer | | 13b. MOTHER'S MAIDEN NAME Sophia Ettman | | 14. NAME OF HUSBAND OR WIFE Nil. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil. | | 16. SOCIAL SECURITY NO. 488-01-4005 | | 17. INFORMANT Address Mrs. Edward Scherl, 7354 Trenton Ave. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pylonephritis, acute and chronic unknown DUE TO (c) Anemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 600.0 | | | | | INTERVAL BETWEEN ONSET AND DEATH unknown |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 8/19/57 to 9/10/57 and last saw her alive on 9/10/57 Death occurred at 6:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Dr. Peter Cataldi (Degree or title) | | 22b. ADDRESS 1194 Wodiamont | | 22c. DATE SIGNED 9/12/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 23b. DATE 9-13-57 | | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | |
| | | 23d. LOCATION (City, town, or county) St. Louis, County, Mo. | | | |
| 24. FUNERAL DIRECTOR Mayer Funeral Home, 4356 Lindell | | 25. DATE RECD. BY LOCAL REG. SEP 12 1957 | | 26. REGISTRAR'S SIGNATURE Carl Smith mo m88 | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. C. Smith, Embalmer

Licensed Embalmer No. 4283
P. O. Address H. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.